

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF CALIFORNIA

**AUTHORIZATION FOR PAYMENT OF FEES  
FOR ELECTRONIC FILINGS BY CREDIT CARD**

To pay any fees required under 28 U.S.C. § 1930 when documents are filed electronically, electronic filers must authorize the court to charge a credit card. Please provide the information requested below for at least one credit card. If information for a second card is provided, it will be used only in the event of a problem with the primary card. **Please print or type.**

Electronic Filer's Name: \_\_\_\_\_ Last 4 digits of Soc.Sec.No.: \_\_\_\_\_  
State Bar ID #, if applicable: \_\_\_\_\_ Licensing State, if applicable: \_\_\_\_\_  
Firm/Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Voice Phone Number: (\_\_\_\_) \_\_\_\_\_ Facsimile Number: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ e-Filing System Username<sup>1</sup>: \_\_\_\_\_

PRIMARY CREDIT CARD

Type of Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express ☐ Diners Club  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card : \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Voice Phone Number: (\_\_\_\_) \_\_\_\_\_ Facsimile Number: (\_\_\_\_) \_\_\_\_\_

I authorize the U.S. Bankruptcy Court for the Eastern District of California to charge the credit card listed above for payment of fees and other expenses relating to documents submitted for filing by electronic means under the username and password assigned to the above-named electronic filer.

Cardholder Signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

ALTERNATE CREDIT CARD

Type of Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express ☐ Diners Club  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address: **MUST BE THE SAME AS PRIMARY CREDIT CARD BILLING ADDRESS**  
Voice Phone Number: (\_\_\_\_) \_\_\_\_\_ Facsimile Number: (\_\_\_\_) \_\_\_\_\_

<sup>1</sup> Leave blank if the e-Filer has not previously registered and is submitting their completed *Electronic Filing System Registration Form and User Agreement, EDC 2-300*, with this form.

I authorize the U.S. Bankruptcy Court for the Eastern District of California to charge the credit card listed above for payment of fees and other expenses relating to documents submitted for filing by electronic means under the username and password assigned to the above-named electronic filer.

Cardholder Signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
-----

By submitting this authorization for payment of fees for electronic filings by credit card, the undersigned electronic filer agrees to the following:

1. This authorization will be secured in the Bankruptcy Clerk's Office and will remain in effect until the expiration date of the credit card or until expressly revoked in writing.
2. The information contained in this form supersedes all other credit card related information previously provided by me to the Bankruptcy Court.
3. I understand that the Clerk's Office will automatically charge fees incurred for documents submitted using my electronic filing system account username and password to the above designated primary credit card first. If any charges against the primary card are denied, they will be charged to the above-designated alternate credit card. If any charges against both credit cards are denied, the Clerk's Office will contact me to arrange for immediate payment.
4. It will be my responsibility:
  - a. To maintain at all times a current, unexpired credit card with sufficient credit to cover all fees incurred for documents submitted electronically using my electronic filing system username and password;
  - b. To submit a replacement form to notify the Clerk's Office of any changes to electronic filer information, cardholder information, and card expiration date when the credit card is renewed; and
  - c. To notify the Clerk's Office in writing if the credit card is revoked, canceled, or stolen.

Electronic Filer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This form must be signed by the electronic filer and credit cardholders. Forms submitted without the required signatures will not be processed.

**Return this completed form by mail, hand delivery, electronic mail, or fax to:**

U.S. Bankruptcy Court  
Eastern District of California  
Attention: Electronic Filing System User Registration  
501 I Street, Suite 3-200  
Sacramento, CA 95814  
Fax: (916) 930-4604  
email: [helpdesk-caeb@caeb.uscourts.gov](mailto:helpdesk-caeb@caeb.uscourts.gov)